



16138 U.S. PTO

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PTO/SB/05 (12/97)

Approved for use through 09/30/00. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No.	CPCM:0005/FLE (210021)	Total Pages	165
	First Named Inventor or Application Identifier <b>David R. Battiste</b>			
	Express Mail Label No. <b>EL990791755US</b>			

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: Commissioner for Patents Mail Stop Patent Application, P.O. Box 1450 Alexandria, Virginia 22313-1450		
1. <input checked="" type="checkbox"/> Fee Transmittal Form (Submit an original, and a duplicate for fee processing)	6. <input type="checkbox"/> Microfiche Computer Program (Appendix)	<div>2387 U.S. PTO 10/758454</div>		
2. <input checked="" type="checkbox"/> Specification Total Pages <b>72</b> (preferred arrangement set forth below) -Descriptive -Cross References to Related Application -Statement Regarding Fed sponsored R & D -Reference to Microfiche Appendix -Background of the Invention -Brief Summary of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claim(s) -Abstract of the Disclosure	7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies			
3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) Total Sheets <b>28</b> Total Pages <b>84</b>	<b>ACCOMPANYING APPLICATION PARTS</b>			
4. Oath or Declaration a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37CFR 1.63(d)) (for continuation/divisional with Box 17 completed) [Note Box 5 below] i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	8. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))			
5. <input type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.	9. <input checked="" type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney (where there is an assignee)			
	10. <input type="checkbox"/> English Translation Document (if applicable)			
	11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations			
	12. <input type="checkbox"/> Preliminary Amendment			
	13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)			
	14. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application Statement(s) Status still proper and desired			
17. <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: _____ / _____		15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)		
		16. <input checked="" type="checkbox"/> Other PTO-2038		
<b>18. CORRESPONDENCE ADDRESS</b>				
<input type="checkbox"/> Customer Number or Bar Code Label <input type="checkbox"/> Correspondence address below (Insert Customer No. or Attach bar code label here)				
NAME	Michael G. Fletcher FLETCHER YODER			
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		ZIP CODE	77269-2289	
		Fax	(281) 970-4503	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Mail Stop Patent Application, Alexandria, VA 22313-1450



16138 U.S. PTO

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PTO/SB/17 (10/96)

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<b>FEE TRANSMITTAL</b>		<b>Complete if Known</b>			
		Application Number	Unassigned		
		Filing Date	Herewith		
		First Named Inventor	David R. Battist		
		Group Art Unit	Unassigned		
Examiner Name		Unassigned			
TOTAL AMOUNT OF PAYMENT	(\$)	1,080.00	Attorney Docket Number	CPCM:0005/FLE (210021)	

<b>METHOD OF PAYMENT (check one)</b>		<b>FEE CALCULATION (continued)</b>																																																																																																																																																																																																																																																																																																			
<p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number: <b>06-1315 CPCM:0005/FLE (210021)</b></p> <p>Deposit Account Name: <b>FLETCHER YODER</b></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17      <input type="checkbox"/> Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance, 37 CFR 1.31(b)</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check    <input type="checkbox"/> Money Order    <input checked="" type="checkbox"/> Other <b>PTO-2038</b></p> <p><b>FEE CALCULATION (fees effective 10/01/03)</b></p> <p><b>1. FILING FEE</b></p> <table border="1"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>101</td><td>710</td><td>201</td><td>355</td><td>Utility filing fee</td><td>770.00</td></tr><tr><td>106</td><td>330</td><td>206</td><td>165</td><td>Design filing fee</td><td>—</td></tr><tr><td>107</td><td>540</td><td>207</td><td>270</td><td>Plant filing fee</td><td>—</td></tr><tr><td>108</td><td>790</td><td>208</td><td>395</td><td>Reissue filing fee</td><td>—</td></tr><tr><td>114</td><td>150</td><td>214</td><td>75</td><td>Provisional filing fee</td><td>—</td></tr><tr><td colspan="5"><b>SUBTOTAL (1)</b></td><td><b>(\$ 770.00)</b></td></tr></tbody></table> <p><b>2. CLAIMS</b></p> <table border="1"><thead><tr><th colspan="2"></th><th>Extra</th><th>Fee from below</th><th colspan="2">Fee Paid</th></tr></thead><tbody><tr><td>Total Claims</td><td>35 - 20 =</td><td>15</td><td>X 18</td><td>=</td><td>270.00</td></tr><tr><td>Independent Claims</td><td>3 - 3 =</td><td>0</td><td>X 86</td><td>=</td><td>0.00</td></tr><tr><td>Multiple Dependent Claims</td><td>0</td><td>X 0</td><td>=</td><td></td><td>0</td></tr></tbody></table> <table border="1"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td></tr><tr><td>102</td><td>80</td><td>202</td><td>40</td><td>Independent claims in excess of 3</td></tr><tr><td>104</td><td>270</td><td>204</td><td>135</td><td>Multiple dependent claim</td></tr><tr><td>109</td><td>82</td><td>209</td><td>41</td><td>Reissue independent claims over original patent</td></tr><tr><td>110</td><td>22</td><td>210</td><td>11</td><td>Reissue claims in excess of 20 and over original patent</td></tr><tr><td colspan="5"><b>SUBTOTAL (2)</b></td><td><b>(\$ 1040.00)</b></td></tr></tbody></table>		Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	101	710	201	355	Utility filing fee	770.00	106	330	206	165	Design filing fee	—	107	540	207	270	Plant filing fee	—	108	790	208	395	Reissue filing fee	—	114	150	214	75	Provisional filing fee	—	<b>SUBTOTAL (1)</b>					<b>(\$ 770.00)</b>			Extra	Fee from below	Fee Paid		Total Claims	35 - 20 =	15	X 18	=	270.00	Independent Claims	3 - 3 =	0	X 86	=	0.00	Multiple Dependent Claims	0	X 0	=		0	Large Entity		Small Entity		Fee Description	Fee Code	Fee (\$)	Fee Code	Fee (\$)	103	18	203	9	Claims in excess of 20	102	80	202	40	Independent claims in excess of 3	104	270	204	135	Multiple dependent claim	109	82	209	41	Reissue independent claims over original patent	110	22	210	11	Reissue claims in excess of 20 and over original patent	<b>SUBTOTAL (2)</b>					<b>(\$ 1040.00)</b>	<p><b>3. 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SUBMITTED BY		Complete (if applicable)	
Typed or Printed Name	Michael G. Fletcher	Reg. Number	32,777
Signature		Date	January 14, 2004
		Deposit Acct. User ID	